
State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other		
Product Name:	Farm Credit Group Term Life		
Project Name/Number:	Farm Credit Group Term Life - MIB Authorization/JAB-2157		

Filing at a Glance

Company:	Minnesota Life Insurance Company
Product Name:	Farm Credit Group Term Life
State:	Arkansas
TOI:	L04G Group Life - Term
Sub-TOI:	L04G.500 Other
Filing Type:	Form
Date Submitted:	11/16/2012
SERFF Tr Num:	MNNL-128773577
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	JAB-2157
Implementation	On Approval
Date Requested:	
Author(s):	Jeanine Berfeldt
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/28/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Farm Credit Group Term Life
Project Name/Number: Farm Credit Group Term Life - MIB Authorization/JAB-2157

General Information

Project Name: Farm Credit Group Term Life - MIB
Authorization

Status of Filing in Domicile: Not Filed

Project Number: JAB-2157

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: Form will not be used in state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Trust

Overall Rate Impact:

Filing Status Changed: 11/28/2012

State Status Changed: 11/28/2012

Deemer Date:

Created By: Jeanine Berfeldt

Submitted By: Jeanine Berfeldt

Corresponding Filing Tracking Number: JAB-2157

Filing Description:

NAIC#: 66168

Group #: 869

RE: Minnesota Life Insurance Company Filing No. JAB-2157

Changes to MIB Authorization

The attached forms are being submitted for your review and approval, and are being filed to comply with the MIB's requirement to add the following sentence to the MIB authorization of all insurance applications as of January 1, 2013:

"I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB."

The attached application, 00-40007.3 Rev 1-2013, is virtually identical to form 00-40007.3, approved for use in Arkansas on November 6, 2000, except for the addition of the above sentence within the authorization. In all other respects, this form remains unchanged.

I look forward to your approval of this application in the Arkansas. Please contact me if you have any questions about this submission. Thank you.

Sincerely,

Jeanine A. Berfeldt

Product Compliance Analyst

Tel: 651.665.4460

Fax: 651.665.5424

Email: jeanine.berfeldt@securian.com

Company and Contact

Filing Contact Information

Jeanine Berfeldt, Product Compliance
Analyst

jeanine.berfeldt@securian.com

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Farm Credit Group Term Life
Project Name/Number: Farm Credit Group Term Life - MIB Authorization/JAB-2157

400 Robert Street North 651-665-4460 [Phone]
St. Paul, MN 55101-2098 651-665-5424 [FAX]

Filing Company Information

Minnesota Life Insurance Company
400 Robert Street North
Law Department
St. Paul, MN 55101-2098
(651) 665-3500 ext. [Phone]

CoCode: 66168
Group Code: 869
Group Name:
FEIN Number: 41-0417830

State of Domicile: Minnesota
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Minnesota Life Insurance Company	\$50.00	11/16/2012	64999004

SERFF Tracking #:	MNNL-128773577	State Tracking #:		Company Tracking #:	JAB-2157
State:	Arkansas	Filing Company:	Minnesota Life Insurance Company		
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other				
Product Name:	Farm Credit Group Term Life				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2012	11/28/2012

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other		
Product Name:	Farm Credit Group Term Life		
Project Name/Number:	Farm Credit Group Term Life - MIB Authorization/JAB-2157		

Disposition

Disposition Date: 11/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Farm Credit Optional Life Insurance Application		Yes

State:	Arkansas	Filing Company:	Minnesota Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other		
Product Name:	Farm Credit Group Term Life		
Project Name/Number:	Farm Credit Group Term Life - MIB Authorization/JAB-2157		

Form Schedule

Lead Form Number: 00-40007.3 Rev 1-2013

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Farm Credit Optional Life Insurance Application	00-40007.3 Rev 1-2013	AEF	Initial		40.000	00-40007.3 1-2013 no sec.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Farm Credit Optional Life Insurance Application

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Signing up for Optional Life Insurance is easy. Just complete Parts A and B.

A	Full name of applicant				Home phone number	
	Home address (street, city, state, zip)				Work phone number	
	Occupation				Height	Weight
	Beneficiary (choose only one) <input type="checkbox"/> Association <input type="checkbox"/> Other-name _____				Relationship to applicant	
Farm Credit office name/city/state			Amount of insurance \$		Social Security number	
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Coverage options <input type="checkbox"/> Life Only 32440 <input type="checkbox"/> Life and Disability 32441	Premium to be paid <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT) <i>Additional Form Needed</i>		

B	APPLICANT	
	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/> 1. During the past 3 years, have you for any reason consulted a physician or other health care provider or been hospitalized?
	<input type="checkbox"/>	<input type="checkbox"/> 2. Have you ever been treated for or advised that you had any of the following: heart, lung, nervous, back, neck, kidney, or liver disorder; high blood pressure, drug abuse including alcohol; hernia or arthritis; cancer or tumor; diabetes?
	<input type="checkbox"/>	<input type="checkbox"/> 3. Have you ever been diagnosed as having AIDS, or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?
<input type="checkbox"/>	<input type="checkbox"/> 4. Have you used nicotine or tobacco in any form during the past 12 months?	
<p>If your answer to question 1, 2 or 3 is yes, give particulars including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis if known, and the treatment. (Attach additional sheet if more room is needed.)</p> <p>The Company shall incur no liability because of this application unless and until this application is approved by the Company and premium is paid while my health is as described in this application. Information in this application is given to obtain insurance. The information given is true and complete to the best of my knowledge and belief.</p> <p>To determine my insurability, or for claim purposes, I authorize any health care provider or insurance company to give all information about me or my physical or mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life. I authorize the Medical Information Bureau to give such information about me to Minnesota Life. I authorize Minnesota Life, or its reinsurers, to make a brief report of my personal health information to MIB. I understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. This authorization is valid for 24 months. A photocopy of this application shall be as valid as the original. I have read this and the Important Notice on the back. I understand that I may have copies.</p> <p>Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>		
Applicant's signature X		Date signed

C	FOR OFFICE USE ONLY					
	SCHEDULE A					
	Amount of insurance \$	Renewal option <input type="checkbox"/> Level <input type="checkbox"/> Decreasing	Term of insurance From To		Premium \$	
	INSURANCE INFORMATION					
	Association name			City	State	Association & branch number
	<input type="checkbox"/> Approved by Farm Credit <input type="checkbox"/> Approved by ML <input type="checkbox"/> Declined by ML	Date	Initials	Effective date	Renewal date (M/D)	CIF number
Loan closing date	Loan/note number	Loan officer name/code	Agent code	Does this loan refinance an existing loan? If yes, give current insured loan/acct no. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Important Notice

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or rights, contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the MIB, contact:

MIB
50 Braintree Hill, Suite 400
Braintree, Massachusetts 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website Address: www.mib.com

TEMPORARY INSURANCE AGREEMENT **(Agreement for life insurance pending completion of underwriting)**

The Temporary Insurance Agreement makes coverage available to new members while the insurance application is being underwritten.

If you apply for life insurance via the application that accompanies this agreement (the "Application"), life insurance on your life will be in force, from the day you sign the Application, provided the following conditions are fully met:

1. Your answers to all questions asked in the Application are true and complete to the best of your knowledge and belief.
2. The first premium for the insurance applied for is paid.
3. The application for life insurance is signed and submitted on or before the date the stock (relating to this application) is issued.

If you die from any cause other than suicide while your temporary insurance is in force, Minnesota Life Insurance Company (the "Company") agrees to pay the amount of insurance applied for, subject to the Plan maximum of \$1,000,000.

THIS TEMPORARY INSURANCE AGREEMENT IS FOR LIFE INSURANCE ONLY. ANY DISABILITY BENEFITS, IF AVAILABLE, BECOME EFFECTIVE ONLY AFTER THE APPLICATION FOR INSURANCE IS APPROVED.

Proceeds will be paid to the beneficiary identified on your application. If you designate a creditor beneficiary, we will pay the proceeds to the creditor to reduce or extinguish your indebtedness to the creditor. If there are any remaining proceeds after payment to the creditor beneficiary, we will pay the remaining proceeds to your spouse, if living. If no spouse is living, then to the representative of your estate.

This agreement terminates on the first to occur of the following events:

1. The Application is approved by the Company;
2. The Application is declined by the Company;
3. The 75th day after the date of your stock issuance.

The temporary insurance agreement is void if the check or draft is not honored on presentation.

In no event will the Company be liable both under this Agreement and under a separate claim brought in connection with the insurance applied for.

Agreed to in consideration for payment of the premium.



Secretary



President

SERFF Tracking #:	MNNL-128773577	State Tracking #:		Company Tracking #:	JAB-2157
State:	Arkansas	Filing Company:	Minnesota Life Insurance Company		
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other				
Product Name:	Farm Credit Group Term Life				
Project Name/Number:	Farm Credit Group Term Life - MIB Authorization/JAB-2157				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
00-40007.3 1-2013.johndoe.pdf			

Farm Credit Optional Life Insurance Application

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Signing up for Optional Life Insurance is easy. Just complete Parts A and B.

A	Full name of applicant JOHN C. DOE		Home phone number 000-111-1111		
	Home address (street, city, state, zip) 123 MAIN STREET, ANYTOWN, US 12345		Work phone number 222-222-2222		
	Occupation FARMER		Height 5' 10"	Weight 175	
	Beneficiary (choose only one) <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other-name _____		Relationship to applicant		
	Farm Credit office name/city/state ABC FARM CREDIT OFFICE, ANYTOWN, US		Amount of insurance \$ 100,000	Social Security number 999-99-9999	
Date of birth 01/01/198	Age 32	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Coverage options <input type="checkbox"/> Life Only 32440 <input checked="" type="checkbox"/> Life and Disability 32441	Premium to be paid <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT) <i>Additional Form Needed</i>	

B	APPLICANT YES NO	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1. During the past 3 years, have you for any reason consulted a physician or other health care provider or been hospitalized?
	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2. Have you ever been treated for or advised that you had any of the following: heart, lung, nervous, back, neck, kidney, or liver disorder; high blood pressure, drug abuse including alcohol; hernia or arthritis; cancer or tumor; diabetes?
	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3. Have you ever been diagnosed as having AIDS, or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?
	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4. Have you used nicotine or tobacco in any form during the past 12 months?
<p>If your answer to question 1, 2 or 3 is yes, give particulars including dates, names and addresses of doctors or hospitals, the reason for the visit or consultation, the diagnosis if known, and the treatment. (Attach additional sheet if more room is needed.)</p> <p>The Company shall incur no liability because of this application unless and until this application is approved by the Company and premium is paid while my health is as described in this application. Information in this application is given to obtain insurance. The information given is true and complete to the best of my knowledge and belief.</p> <p>To determine my insurability, or for claim purposes, I authorize any health care provider or insurance company to give all information about me or my physical or mental health, including alcohol or drug abuse, to underwriting, claims, medical or other representatives of Minnesota Life. I authorize the Medical Information Bureau to give such information about me to Minnesota Life. I authorize Minnesota Life, or its reinsurers, to make a brief report of my personal health information to MIB. I understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. This authorization is valid for 24 months. A photocopy of this application shall be as valid as the original. I have read this and the Important Notice on the back. I understand that I may have copies.</p> <p>Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>		
Applicant's signature X /S/ JOHN C. DOE		Date signed 01/01/2013

C	FOR OFFICE USE ONLY					
	SCHEDULE A					
	Amount of insurance \$ 100,000	Renewal option <input checked="" type="checkbox"/> Level <input type="checkbox"/> Decreasing	Term of insurance From 01/2013 To 01/2014		Premium \$	
	INSURANCE INFORMATION					
	Association name ABC ASSOCIATION		City ANYTOWN	State US	Association & branch number 999 & 99999	
<input checked="" type="checkbox"/> Approved by Farm Credit <input checked="" type="checkbox"/> Approved by ML <input type="checkbox"/> Declined by ML		Date 01/01/13	Initials JAB	Effective date 01/01/2013	Renewal date (M/D) 01/01/2014	CIF number 222222
Loan closing date 01/01/2013	Loan/note number 987654321	Loan officer name/code SAM SMITH/111		Agent code 111	Does this loan refinance an existing loan? If yes, give current insured loan/acct no. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Important Notice

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or rights, contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the MIB, contact:

MIB
50 Braintree Hill, Suite 400
Braintree, Massachusetts 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website Address: www.mib.com

TEMPORARY INSURANCE AGREEMENT **(Agreement for life insurance pending completion of underwriting)**

The Temporary Insurance Agreement makes coverage available to new members while the insurance application is being underwritten.

If you apply for life insurance via the application that accompanies this agreement (the "Application"), life insurance on your life will be in force, from the day you sign the Application, provided the following conditions are fully met:

1. Your answers to all questions asked in the Application are true and complete to the best of your knowledge and belief.
2. The first premium for the insurance applied for is paid.
3. The application for life insurance is signed and submitted on or before the date the stock (relating to this application) is issued.

If you die from any cause other than suicide while your temporary insurance is in force, Minnesota Life Insurance Company (the "Company") agrees to pay the amount of insurance applied for, subject to the Plan maximum of \$1,000,000.

THIS TEMPORARY INSURANCE AGREEMENT IS FOR LIFE INSURANCE ONLY. ANY DISABILITY BENEFITS, IF AVAILABLE, BECOME EFFECTIVE ONLY AFTER THE APPLICATION FOR INSURANCE IS APPROVED.

Proceeds will be paid to the beneficiary identified on your application. If you designate a creditor beneficiary, we will pay the proceeds to the creditor to reduce or extinguish your indebtedness to the creditor. If there are any remaining proceeds after payment to the creditor beneficiary, we will pay the remaining proceeds to your spouse, if living. If no spouse is living, then to the representative of your estate.

This agreement terminates on the first to occur of the following events:

1. The Application is approved by the Company;
2. The Application is declined by the Company;
3. The 75th day after the date of your stock issuance.

The temporary insurance agreement is void if the check or draft is not honored on presentation.

In no event will the Company be liable both under this Agreement and under a separate claim brought in connection with the insurance applied for.

Agreed to in consideration for payment of the premium.



Secretary



President